



ASSURANT
Health®



Time Insurance Company

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company.

Assurant Health Access®

Health. Within Reach.

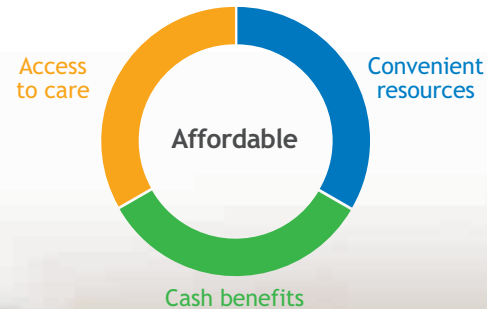
Alabama, Arkansas, Florida,
Illinois, Iowa, Michigan, Mississippi,
Montana, Nebraska, North Carolina,
Pennsylvania, South Carolina,
Tennessee, Wisconsin and Wyoming

A different way to plan for everyday health care needs

Assurant Health Access[®] is health insurance that works differently by helping you affordably manage the *probable* health care needs of today — checkups, prescriptions, lab tests — versus the *possible* needs of tomorrow.

Assurant Health Access provides:

- Access to a **large network** of doctors and health services
- **Convenient resources** that help you prepare for and save on health care services
- **Cash benefits** that help you pay for health care and other expenses



Choose Assurant Health

We are backed by 120 years¹ of health insurance experience and an A- (Excellent) financial strength rating.²

Feel confident.

You have access to convenient resources that make health care easier to understand and help you save money.

Feel respected.

No matter your question, concern or request, you can contact us knowing we'll treat you with respect.

¹ Assurant Health is the brand name for products underwritten and issued by Time Insurance Company (est. 1892).

² Source: A.M. Best Ratings and Analysis of Time Insurance Company, December 2012.

Assurant Health Access plans are fixed-indemnity insurance plans that pay limited benefits. Assurant Health Access plans do not constitute comprehensive health insurance coverage (often referred to as major medical coverage) and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. Without minimum essential coverage, you may need to pay a tax penalty, depending on your income level and the cost of insurance plans available. Fixed-indemnity benefits are paid in specific amounts for covered periods without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on the health care provider's bill.

In certain states, membership in Health Advocates Alliance is required in order to buy this insurance. Fees paid for membership in Health Advocates Alliance are used for benefits, marketing, distribution and administrative expenses. Assurant Health may also realize some benefit from these fees.

Benefits and availability vary by state. Benefits are paid per covered person.



Helps you prepare for and save on health care expenses

You can start using your Assurant Health Access plan right away,* knowing convenient resources are available to help you make the most of your plan's benefits and savings.

Know before an appointment what health care services will cost

Visit **Assurant® Price Check** — Guaranteed[^] cost estimates you can trust for most medical services and treatments. View a demo at AssurantPriceCheck.com.



Assurant® Price Check

Someone on your side, helping you make sense of health care

Call a **health care advocate** who can help you find doctors and hospitals in your network, research their costs and quality, schedule visits, understand how your plan works and more.



Health care advocates

A connection that can get you discounts on health care services

Take advantage of our **discount agreements**:

Save an average of:

- 40% at more than 595,000 health professionals — just use the First Health network and have us pay the cash benefits to your providers. Find providers at assuranthealth.com/fhn
- 30-50% on prescription drugs when you use a pharmacy that participates with the CVS Caremark network



Discount agreements

Someone to negotiate your payment after you get a medical bill

Contact a **professional negotiator** who can help you by securing discounts on outstanding medical bills and creating payment plans with your health care providers.



Professional negotiators

* Plans include limitations on pre-existing conditions. For details, please see the back page.

[^] For details on the Assurant Price Check guarantee, please see the back page.

Value

CASH BENEFITS: Assurant Health Access Value pays fixed benefits that help you pay for health care. The fixed benefits are set cash amounts that won't change no matter which provider you use or how much the provider charges you. You may have an amount left to pay after your plan pays the fixed benefits. Your plan will pay the benefit amounts listed below whether you're being treated for an illness or injury, or having preventive care.

EVERYDAY NEEDS

Office Visits	<ul style="list-style-type: none"> • \$50 per day on which a visit occurs • 2 benefits per calendar year*
Prescription Drugs	Discounts on prescription drugs
Allergy Shots and Immunizations	<ul style="list-style-type: none"> • \$10 per day on which an immunization or allergy shot occurs • \$100 per calendar year

HOSPITALIZATION AND SURGICAL BENEFITS

Inpatient Hospital Confinement	<ul style="list-style-type: none"> • \$1,000 per day of confinement for sickness • \$2,000 per day of confinement for injury • \$200,000 per calendar year
Inpatient and Outpatient Surgery	Amount paid per period for scheduled benefits varies by type of procedure and is the same or higher than the 2010 Medicare Physician Fee Schedule rate. If more than one procedure occurs in the same day, the benefit is based on the procedure with the highest scheduled benefit. See surgical schedule (Form 30353) for details.
Anesthesia	<ul style="list-style-type: none"> • \$200 per day on which anesthesia is administered • 1 benefit per calendar year*
Ground and Air Ambulance	<ul style="list-style-type: none"> • \$100 per day on which a trip by ground occurs • \$1,000 per day on which a trip by air occurs • 2 benefits per calendar year
Emergency Room / Urgent Care	<ul style="list-style-type: none"> • \$150 per day on which a visit occurs • 1 benefit per calendar year*

* IL residents receive \$100 per calendar year for office visits, \$200 per calendar year for anesthesia and \$150 per calendar year for emergency room/urgent care.

The surgical services benefit is determined by the CPT code for the procedure. Unlike Medicare, you may be responsible for the difference between the physician charge and the plan benefit payment.

All benefits are subject to your contract's terms and limitations.

Three plans are available – Value, Fundamentals and Enhanced

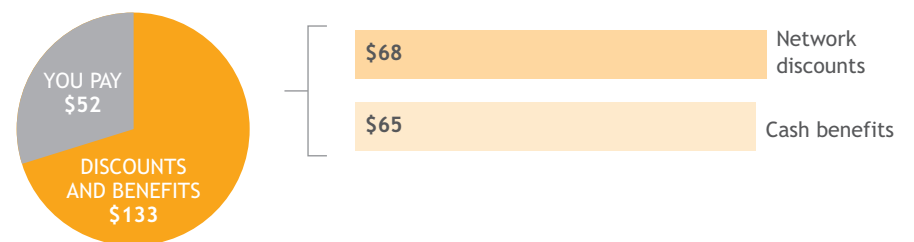
OTHER BENEFITS

Outpatient Medical	<ul style="list-style-type: none"> • \$100 per day on which a surgical pathology test occurs • \$15 per day on which a laboratory service, excluding surgical pathology, occurs • \$130 per day on which a mammogram occurs • \$450 per day on which an MRI scan occurs • \$300 per day on which a CT scan occurs • \$250 per day on which a PET scan occurs • \$50 per day on which any other radiology service, including x-ray or ultrasound, occurs • \$25 per day on which an occupational, physical or speech therapy visit occurs • \$1,000 per calendar year
Lifetime Maximum	\$1 million

BENEFIT EXAMPLE

Without Assurant Health Access, you'd pay \$185 for a routine office visit and a lab test.

With Assurant Health Access, you pay only \$52 out of your own pocket.



Amounts based on Assurant Health claims data. Results may vary.

Fundamentals

CASH BENEFITS: Assurant Health Access Fundamentals pays fixed benefits that help you pay for health care. The fixed benefits are set cash amounts that won't change no matter which provider you use or how much the provider charges you. You may have an amount left to pay after your plan pays the fixed benefits. Your plan will pay the benefit amounts listed below whether you're being treated for an illness or injury, or having preventive care.

EVERYDAY NEEDS

Office Visits	<ul style="list-style-type: none"> • \$75 per day on which a visit occurs ★ 4 benefits per calendar year*
Prescription Drugs	<ul style="list-style-type: none"> • Discounts on prescription drugs ★ \$10 per fill cycle for generic ★ \$25 per fill cycle brand name ★ \$750 per calendar year
Allergy Shots and Immunizations	<ul style="list-style-type: none"> • \$10 per day on which an immunization or allergy shot occurs • \$100 per calendar year

HOSPITALIZATION AND SURGICAL BENEFITS

Inpatient Hospital Confinement	<ul style="list-style-type: none"> ★ \$2,000 per day of confinement for sickness ★ \$4,000 per day of confinement for injury ★ \$500,000 per calendar year
Inpatient and Outpatient Surgery	Amount paid per period for scheduled benefits varies by type of procedure and is the same or higher than the 2010 Medicare Physician Fee Schedule rate. If more than one procedure occurs in the same day, the benefit is based on the procedure with the highest scheduled benefit. See surgical schedule (Form 30353) for details.
Anesthesia	<ul style="list-style-type: none"> • \$200 per day on which anesthesia is administered ★ 2 benefits per calendar year*
Ground and Air Ambulance	<ul style="list-style-type: none"> • \$300 per day on which a trip by ground occurs • \$2,500 per day on which a trip by air occurs • 2 benefits per calendar year
Emergency Room / Urgent Care	<ul style="list-style-type: none"> ★ \$250 per day on which a visit occurs • 1 benefit per calendar year*

* IL residents receive \$300 per calendar year for office visits, \$400 per calendar year for anesthesia and \$250 per calendar year for emergency room/urgent care.

Three plans are available – Value, Fundamentals and Enhanced. With Fundamentals, you receive all the benefits of Value and more.

★ Look for extras associated with Fundamentals.

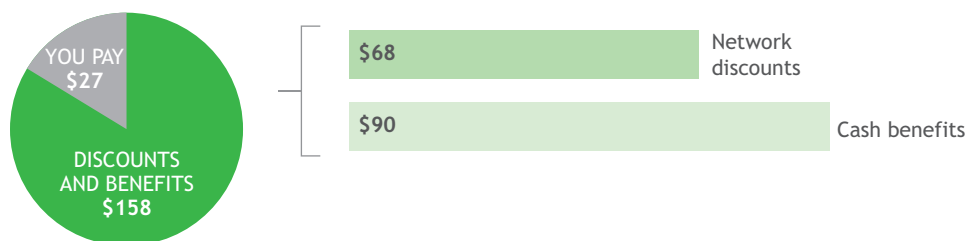
OTHER BENEFITS

Outpatient Medical	<ul style="list-style-type: none"> • \$100 per day on which a surgical pathology test occurs • \$20 per day on which a laboratory service, excluding surgical pathology, occurs • \$200 per day on which a mammogram occurs • \$450 per day on which an MRI scan occurs • \$300 per day on which a CT scan occurs • \$250 per day on which a PET scan occurs • \$75 per day on which any other radiology service, including x-ray or ultrasound, occurs • \$25 per day on which an occupational, physical or speech therapy visit occurs • \$1,000 per calendar year
Lifetime Maximum	★ \$2 million

BENEFIT EXAMPLE

Without Assurant Health Access, you'd pay \$185 for a routine office visit and a lab test.

With Assurant Health Access, you pay only \$27 out of your own pocket.



Amounts based on Assurant Health claims data. Results may vary.

The surgical services benefit is determined by the CPT code for the procedure. Unlike Medicare, you may be responsible for the difference between the physician charge and the plan benefit payment.

All benefits are subject to your contract's terms and limitations.

Enhanced

CASH BENEFITS: Assurant Health Access Enhanced pays fixed benefits that help you pay for health care. The fixed benefits are set cash amounts that won't change no matter which provider you use or how much the provider charges you. You may have an amount left to pay after your plan pays the fixed benefits. Your plan will pay the benefit amounts listed below whether you're being treated for an illness or injury, or having preventive care.

EVERYDAY NEEDS

Office Visits	<ul style="list-style-type: none"> ★ \$75 per day on which a visit occurs • 6 benefits per calendar year*
Prescription Drugs	<ul style="list-style-type: none"> • Discounts on prescription drugs • \$10 per fill cycle for generic ★ \$35 per fill cycle for brand name • \$750 per calendar year for all prescriptions
Allergy Shots and Immunizations	<ul style="list-style-type: none"> • \$10 per day on which an immunization or allergy shot occurs • \$100 per calendar year

HOSPITALIZATION AND SURGICAL BENEFITS

Inpatient Hospital Confinement	<ul style="list-style-type: none"> ★ \$3,000 per day of confinement for sickness ★ \$6,000 per day of confinement for injury ★ \$1 million per calendar year for all inpatient confinements
Inpatient and Outpatient Surgery	<ul style="list-style-type: none"> ★ Amount paid per period for scheduled benefits varies by type of procedure and at least 150% of the 2010 Medicare Physician Fee Schedule rate. If more than one procedure occurs in the same day, the benefit is based on the procedure with the highest scheduled benefit. See surgical schedule (Form 30353) for details.
Anesthesia	<ul style="list-style-type: none"> • \$200 per day on which anesthesia is administered ★ 3 benefits per calendar year*
Ground and Air Ambulance	<ul style="list-style-type: none"> • \$300 per day on which a trip by ground occurs ★ \$2,500 per day on which a trip by air occurs • 2 benefits per calendar year
Emergency Room / Urgent Care	<ul style="list-style-type: none"> ★ \$400 per day on which an ER visit occurs ★ \$100 per day on which an urgent care visit occurs ★ 1 ER benefit and 1 urgent care benefit calendar year*

Three plans are available – Value, Fundamentals and Enhanced.
With Enhanced, you receive all the benefits of Fundamentals and more.

★ Look for extras associated with Enhanced.

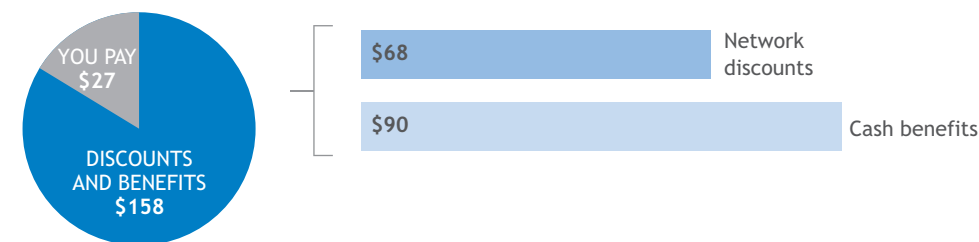
OTHER BENEFITS

Outpatient Medical	<ul style="list-style-type: none"> • \$100 per day on which a surgical pathology test occurs • \$20 per day on which a laboratory service, excluding surgical pathology, occurs • \$200 per day on which a mammogram occurs • \$450 per day on which an MRI scan occurs • \$300 per day on which a CT scan occurs • \$250 per day on which a PET scan occurs • \$75 per day on which any other radiology service, including x-ray or ultrasound, occurs • \$25 per day on which an occupational, physical or speech therapy visit occurs ★ \$3,000 per calendar year
Lifetime Maximum	★ \$3 million

BENEFIT EXAMPLE

Without Assurant Health Access, you'd pay \$185 for a routine office visit and a lab test.

With Assurant Health Access, you pay only \$27 out of your own pocket.



Amounts based on Assurant Health claims data. Results may vary.

The surgical services benefit is determined by the CPT code for the procedure. Unlike Medicare, you may be responsible for the difference between the physician charge and the plan benefit payment. All benefits are subject to your contract's terms and limitations.

* IL residents receive \$450 per calendar year for office visits, \$600 per calendar year for anesthesia and \$500 per calendar year for emergency room/urgent care.

Additional details for Assurant Health Access fixed-benefit plans

Knowing exactly what your plan does and doesn't provide benefits for is important. Use the following summary of what is not eligible for benefits so you know the details. Complete information, which varies by state, will be included in your insurance contract.

WHAT ASSURANT HEALTH ACCESS PLANS DO NOT PAY BENEFITS FOR

Maintenance care and therapies:

- Routine hearing care, artificial hearing devices, cochlear implants, auditory prostheses, routine vision care, vision therapy, surgery to correct vision, routine foot care and foot orthotics
- Routine dental care, unless you choose the dental insurance option

Cosmetic services and procedures:

- Services including chemical peels, plastic surgery and medications
- Any correction of malocclusion (irregular tooth contact), protrusion, hypoplasia (abnormality in dental enamel) or hyperplasia (abnormality) of the jaws

Reproductive-related procedures or concerns:

- Diagnosis and treatment of infertility
- Maternity, pregnancy (except complications of pregnancy), routine newborn care, surrogate pregnancy, routine nursery care and abortion
- Sterilization and contraceptive procedures, drugs or devices

Quality of life concerns:

- Inpatient treatment of chronic pain disorders
- Storage of umbilical cord stem cells or other blood components in the absence of sickness or injury
- Genetic testing, counseling and services
- Treatment, services and supplies related to sex transformation, gender dysphoric disorder and gender reassignment; treatment of sexual dysfunction or inadequacy; or restoration or enhancement of sexual performance or desire
- Treatment for smoking cessation and hair loss
- Cognitive enhancement
- Prophylactic treatment, services and surgery

Prescription drug benefits do not include and will not provide benefits for:

- Over-the-counter products
- Drugs not approved by the FDA
- Drugs obtained from sources outside the United States
- Take-home drugs dispensed at an institution

THIS PLAN ALSO WILL NOT PAY BENEFITS FOR:

- Any amount in excess of any maximum benefit or for non-covered events and associated complications
- Durable medical equipment and personal medical equipment
- Treatment undergone outside the United States

- Treatment of behavioral health or substance abuse
- Treatment, services, supplies, diagnosis, drugs, medication, surgery or medical regimen related to controlling weight, obesity or morbid obesity
- Treatment for snoring
- Experimental or investigational treatments; homeopathic treatments; alternative treatments, including acupuncture; spinal and other adjustments, manipulations, subluxation and services; massage therapy
- Telehealth and telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media)
- Illness or injury caused by war or while in the military; commission of a felony; or influence of an illegal substance
- Treatment or services due to injury from hazardous activities, such as extreme sports, whether or not for compensation, including, but not limited to, hang-gliding, parachute or bungee jumping, rock or mountain climbing
- Services ordered, directed or performed by a health care practitioner or medical provider who is an immediate family member
- Treatment used to improve memory or slow the normal process of aging
- Home health care, hospice care, skilled nursing facility care, inpatient rehabilitation services, custodial care and respite care
- Sickness or injury arising out of or as the result of any work for wage or profit that is eligible for benefits under Workers' Compensation, employers' liability or similar laws
- Treatment for behavioral modification or behavioral (conduct) problems; learning disabilities; developmental delays; attention deficit disorders; hyperactivity; educational testing, training or materials; memory improvement; cognitive enhancement or training; vocational or work-hardening programs and transitional living
- Growth hormone stimulation treatment to promote or delay growth
- Treatment for TMJ and/or CMJ and certain jaw/tooth disorders
- Services incurred due to a pre-existing condition for the first 12 months the plan is in force

PRE-EXISTING CONDITIONS LIMITATION

A pre-existing condition is a sickness or injury and related complications for which any of the following occurred during the 12-month period immediately prior to the effective date of your Assurant Health Access plan:

- You sought, received or were recommended to receive medical advice, consultation, diagnosis, care or treatment;
- You were prescribed prescription drugs;
- You experienced signs or symptoms significant enough that either:
 - the signs or symptoms should have or would have allowed a health care provider to diagnose the condition; or
 - the signs or symptoms reasonably should have or would have caused an ordinarily prudent person to seek diagnosis or treatment

We will not pay benefits for events that result from or are related to a pre-existing condition, or its complications, until the covered person has been continuously insured under this plan for 12 months.

After this period, covered period benefits will be available for events resulting from or related to a pre-existing condition, or its complications, provided that the covered period occurs while this plan is in force.

EXCLUSION FOR VALUE ONLY:

- Charges for dispensation or fulfillment of prescription drugs

ASSURANT® PRICE CHECK GUARANTEE

Assurant Health Access customers will be reimbursed by Assurant Health for costs exceeding the quoted price range, provided they receive services for the procedure code shown, from the doctor listed, and for which their First Health Network discounts apply. This price guarantee is good for services received up to 30 days after the date Assurant Price Check provides pricing.

Assurant Price Check is not insurance. It is a price estimate of what you would be charged after your network discount is applied. Assurant Price Check is not a guarantee of Assurant Health Access plan benefits. The program is subject to change.

If you live in Georgia, Assurant Price Check will provide you with accurate cost information, but the price guarantee is not available.

Coverage is renewable provided there is compliance with the plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or Assurant Health's business operations in this state; and/or you have not moved to a state where this plan is not offered. Assurant Health has the right to change premium rates upon providing appropriate notice.

This brochure provides summary information. For detailed plan benefits, exclusions and limitations, visit assuranthealth.com or refer to the insurance contract. In the event there are discrepancies with the information in this brochure, the terms and conditions of the coverage documents will govern.

THIS BROCHURE IS FOR USE IN ALABAMA, ARKANSAS, FLORIDA, ILLINOIS, IOWA, MICHIGAN, MISSISSIPPI, MONTANA, NEBRASKA, NORTH CAROLINA, PENNSYLVANIA, SOUTH CAROLINA, TENNESSEE, WISCONSIN AND WYOMING.



Assurant Health AccessSM – Value and Fundamentals pays the fixed benefit amount shown per day of illness which a scheduled surgical event occurs. Benefit amounts paid are based on 2010 Medicare National Physician Fee Schedule.*

NOTE: The surgical services benefit is subject to your contract's terms and limitations. Unlike Medicare, you may be responsible for the difference between the physician charge and the plan benefit payment. For help maximizing your plan's benefits, call Patient Care at 800.305.0377 or Assurant Health at 800.533.7654. Call Health Payment Advocates at 877.277.0080 for help negotiating discounts and payment plans on amounts you may owe.

SURGICAL EVENT ON CARDIOVASCULAR SYSTEM

- Insertion of electrode leads and pulse generator\$960
- Upgrade of implanted pacemaker system, including conversion of a single chamber system to a dual chamber system\$520
- Valvotomy, mitral valve; closed heart \$1,600
- Valvotomy, pulmonary valve, closed heart; transventricular \$1,370
- Valvuloplasty, mitral valve, with cardiopulmonary bypass \$3,090
- Valvuloplasty, open, with cardiopulmonary bypass \$2,570
- Valvuloplasty, open, with inflow occlusion..... \$1,550
- Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch..... \$1,860
- Ligation, division, and stripping, short or long saphenous vein\$520
- Ligation, division, and stripping, of short and long saphenous vein, bilateral.....\$520
- Catheterization - left heart\$980

SURGICAL EVENT ON DIGESTIVE SYSTEM

- Biopsy of salivary gland, needle\$110
- Biopsy of salivary gland, incisional\$320
- Tonsillectomy, with or without adenoidectomy, under 12 years of age\$310
- Tonsillectomy, with or without adenoidectomy, 12 and over years of age\$310
- Excision, local; ulcer or benign tumor of stomach..... \$1,070
- Gastrectomy, total..... \$2,150
- Colectomy, total, with proctectomy; with ileostomy \$2,160
- Incision and drainage of appendicular abscess, open\$840
- Appendectomy - open\$700
- Appendectomy - laparoscopic.....\$650
- Proctectomy; complete, combined abdominoperineal, with colostomy \$2,080
- Colonoscopy - diagnostic or preventive screening\$400
- Colonoscopy with biopsy\$470
- Colonoscopy with removal of tumor, polyp or other lesions ...\$540
- Upper Gastro-Intestinal (GI) Endoscopy with biopsy\$340
- Upper Gastro-Intestinal (GI) Endoscopy - diagnostic\$290
- Incision of rectal fistula, superficial\$500
- Fissurectomy, with or without sphincterotomy\$450
- Hemorrhoidectomy, external, complete\$470
- Hemorrhoidectomy, internal and external, complete\$520
- Cholecystectomy (removal of gall bladder) - open without exploration of common duct \$1,180

- Cholecystectomy - open with exploration of common duct \$1,370
- Cholecystectomy - laparoscopic, with or without exploration of common duct\$810
- Cholecystectomy - laparoscopic, with graph\$820
- Pancreatectomy, total \$1,960
- Exploratory laparotomy; exploratory celiotomy\$840
- Repair inguinal hernia; sliding; any age\$620
- Repair initial femoral hernia\$620

SURGICAL EVENT ON EAR

- Tympanostomy\$200
- Stapes mobilization\$870
- Fenestration of semicircular canal\$930

SURGICAL EVENT ON EYE

- Removal of foreign body, conjunctival, superficial \$60
- Removal of foreign body, corneal, with or without slit lamp \$70
- Excision or transposition of pterygium; without graft\$250
- Cataract removal, intra capsular, extracapsular, with insertion of intraocular lens\$810
- Repair of retinal detachment; scleral buckling, with or without implant \$1,330
- Muscle operation involving one or more muscles in one or both eyes\$760

SURGICAL EVENT RELATED TO GYNECOLOGY

- Incision and drainage of Bartholin's gland abscess\$130
- Excision of Bartholin's gland or cyst\$330
- Anterior colporrhaphy, repair of cystocele, with or without repair of urethrocele\$730
- Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy\$740
- Combined anteroposterior colporrhaphy\$920
- Cautery of cervix; electro or thermal\$140
- Dilation and curettage, diagnostic and/or therapeutic (non-obstetrical)\$270
- Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s) \$1,100
- Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s) \$1,060
- Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s) \$1,940

Surgical Schedule for Limited-Benefit Plans (cont)

• Salpingectomy, complete or partial, unilateral or bilateral (separate procedure).....	\$850	• Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	\$200
• Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure).....	\$790	• Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	\$630
• Hysteroscopy - biopsy	\$410	• Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	\$660
• Hysteroscopy - ablation	\$1,600	• Arthrotomy, hip, including exploration or removal of loose or foreign body.....	\$1,040
SURGICAL EVENT ON MUSCULOSKELETAL SYSTEM		• Closed treatment of femoral fracture, proximal end, neck; without manipulation	\$500
• Muscle biopsy, superficial	\$200	• Closed treatment of femoral fracture, proximal end, neck; with manipulation	\$820
• Muscle biopsy, deep	\$290	• Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement.....	\$1,290
• Arthrocentesis, large joint.....	\$80	• Arthroplasty, hip	\$1,560
• Removal of implant; superficial, (e.g., buried wire, pin or rod) (separate procedure).....	\$380	• Arthroscopy, knee.....	\$790
• Closed treatment of mandibular fracture with interdental fixation	\$920	• Arthrotomy, knee, with exploration, drainage, or removal of foreign body	\$780
• Arthrodesis, including laminectomy and/or diskectomy.....	\$1,650	• Amputation, thigh, through femur, any level	\$910
• Closed treatment of clavicular fracture; without manipulation.....	\$220	• Amputation, thigh, through femur, any level; open, circular (guillotine)	\$760
• Open treatment of clavicular fracture, with or without internal or external fixation	\$770	• Closed reduction of fracture of tibia, shaft	\$350
• Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation.....	\$330	• Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation	\$560
• Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s)	\$940	• Open treatment of fracture of tibia, shaft	\$950
• Closed treatment of shoulder dislocation, with manipulation; without anesthesia.....	\$310	• Closed treatment of proximal fibula or shaft fracture; without manipulation	\$310
• Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	\$410	• Open treatment of proximal fibula or shaft fracture, with or without internal or external fixation	\$760
• Open treatment of acute shoulder dislocation	\$620	• Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	\$320
• Arthroscopy - shoulder	\$710	• Open treatment of distal fibular fracture (lateral malleolus)	\$760
• Arthrotomy, elbow, including exploration, drainage, or removal of foreign body.....	\$500	• Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation.....	\$340
• Treatment of closed elbow dislocation; without anesthesia.....	\$370	• Closed treatment of bimalleolar ankle fracture, (including Potts); with manipulation	\$490
• Treatment of closed elbow dislocation; requiring anesthesia	\$490	• Open treatment of bimalleolar ankle fracture, with or without internal or external fixation.....	\$830
• Open Treatment of acute or chronic elbow dislocation	\$760	• Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (e.g., cyst or ganglion); toes, wrist, forearm, foot, ankle.....	\$460
• Closed treatment of ulnar shaft fracture; without manipulation.....	\$260	• Carpal Tunnel surgery	\$450
• Open treatment of ulnar shaft fracture	\$660	• Closed treatment of fracture great toe	\$150
• Closed treatment of radial and ulnar shaft fractures	\$280	• Open treatment of fracture great toe	\$700
• Open treatment; fixation of radius or ulna	\$710	• Closed treatment of fracture of toes, other than great toes, without manipulation, each	\$130
• Open treatment; fixation of radius AND ulna.....	\$960	• Open treatment of fracture of toes, other than great toes, without manipulation, each	\$590
• Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation.....	\$300	• Amputation, toe; interphalangeal joint	\$610
• Open treatment of distal radial fracture or epiphyseal separation, with internal fixation	\$780	SURGICAL EVENT ON NERVOUS SYSTEM	
• Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	\$400	• Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	\$1,340
• Excision of lesion of tendon sheath or joint capsule (e.g., cyst, mucous cyst, or ganglion), hand or finger	\$570	• Burr holes, intracerebral.....	\$1,320

Surgical Schedule for Limited-Benefit Plans (cont)

• Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	\$2,220	• Destruction of benign or premalignant lesions, second thru 14 lesions, each	\$50
• Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	\$1,940	• Wart destruction, up to 14	\$110
• Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	\$2,320	• Wart destruction 15 or more	\$130
• Spinal puncture, lumbar, diagnostic	\$160	• Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion, open, male or female, one or more lesions	\$510
• Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa).....	\$210	• Mastectomy, simple, complete	\$1,090
• Injection procedure for diskography	\$340	• Radical mastectomy, including breast, pectoral muscles and axillary lymph nodes	\$1,210
• Laminectomy with decompression of spinal cord and diskectomy, cervical	\$1,580	• Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	\$1,050
• Laminotomy and/or excision of herniated intervertebral disk, single interspace	\$1,510	• Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	\$1,690
• Sympathectomy, cervical	\$720	• Breast reconstruction with latissimus dorsi flap, without prosthetic implant	\$1,860
• Sympathectomy, lumbar	\$720	• Breast reconstruction with free flap	\$3,040
SURGICAL EVENT ON RESPIRATORY SYSTEM		• Breast reconstruction with other technique	\$1,510
• Excision of nasal polyp(s), simple	\$240	• Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM)	\$2,270
• Excision of nasal polyp(s), extensive requiring hospitalization	\$460	SURGICAL EVENT RELATED TO THYROID	
• Submucous resection, classic, nasal septum.....	\$670	• Excision of cyst or adenoma of thyroid	\$720
• Laryngectomy; total, without radical neck dissection	\$2,280	• Partial thyroidectomy unilateral	\$770
• Laryngectomy; total, with radical neck dissection	\$2,840	• Thyroidectomy, total or complete	\$1,070
• Bronchoscopy, diagnostic without biopsy	\$320	• Total or subtotal for malignancy with limited neck dissection	\$1,460
• Bronchoscopy with bronchial or endobronchial biopsy.....	\$340	• Total or subtotal for malignancy with radical neck dissection.....	\$1,860
• Bronchoscopy with removal of foreign body.....	\$350	• Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid.....	\$1,210
• Bronchoscopy with excision of tumor	\$280	SURGICAL EVENT RELATED TO URINARY SYSTEM	
• Thoracotomy, exploratory, including biopsy	\$1,060	• Cystoscopy	\$210
• Lobectomy, total, subtotal, or segmentation, single lobe.....	\$1,880	• Nephrectomy.....	\$1,140
• Bilobectomy	\$1,770	• Kidney lithotripsy	\$930
• Pulmonary resection with concomitant thoracoplasty	\$2,290	• Excision or fulguration of Skene's glands	\$230
SURGICAL EVENT RELATED TO SKIN LESIONS, CYSTS AND MASTECTOMY		SURGICAL EVENT FOR TRANSPLANTS	
• Incision and drainage of abscess; simple or single	\$120	• Heart Transplant	\$5,460
• Incision and drainage of pilonidal cyst	\$170	• Lung Transplant	\$3,680
• Biopsy of skin, subcutaneous tissue and/or mucous membrane, single lesion	\$100	• Heart/Lung Transplant	\$3,880
• Biopsy of each additional lesion in addition to primary procedure.....	\$50	• Liver Transplant	\$5,330
• Excision, benign lesions including margins, except skin tag, 2cm or less.....	\$160	• Kidney Transplant	\$2,770
• Excision, benign lesions including margins, except skin tag, over 2 cm	\$310	• Pancreas Transplant	\$2,740
• Excision of pilonidal cyst or sinus, simple	\$280	• Bone Marrow/Stem Cell Transplant	\$140
• Excision of pilonidal cyst or sinus, extensive	\$590	• Cornea Transplant	\$1,280
• Excision of pilonidal cyst or sinus, complicated	\$710	• Skin Transplant	\$640
• Destruction of benign or premalignant lesions; one lesion	\$80	SURGICAL EVENT – NOT OTHERWISE LISTED	
		• If a surgical procedure is performed that is not shown on the Surgical Schedule, the fixed benefit will equal 100% of the 2010 Non-Facility Pricing Amount from the Medicare National Physician Fee Schedule released on 9/28/10.	

Assurant Health Access plans are fixed indemnity insurance plans with limited benefits and are not major medical insurance plans. Fixed indemnity benefits are provided for covered periods resulting in medical treatment. These benefits are paid in specific amounts for covered periods without regard to the cost of services rendered. You may have amounts left to pay after your plan pays the fixed benefits. For additional information on the benefits, exclusion and limitations please refer to the Product Brochure.

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